

SAMPLE FORM

Agency Name

Statement of Confidentiality

Employees, volunteers, and all other persons with access to the Continuum of Care Homeless Management Information System (HMIS) are subject to certain guidelines regarding use of the HMIS. The HMIS contains a range of personal and private information on individuals; all such information must be treated carefully and professionally by everyone who accesses it.

Guidelines for use of the HMIS include:

- ◆ Personal Username and Passwords must be kept secure and are not to be shared.
- ◆ Informed client or guardian consent, as documented by a current Agency-specific Authorization for Release of Information form with an HMIS clause, is required before entering, updating, editing, printing, or disclosing information beyond basic identifying non-confidential information and service transactions.
- ◆ Confidential information obtained from the HMIS is to remain confidential, even if one's relationship with _____ (agency name) changes or concludes for any reason.
- ◆ Only individuals who exist as clients under the Agency's jurisdiction may be entered into the HMIS.
- ◆ Misrepresentation of the client base by entering information known to be inaccurate is prohibited.
- ◆ Client records are not to be deleted from the HMIS. If a client, or guardian of a client, chooses to rescind consent to participate in the HMIS, a Consent to Rescind form should be completed and processed.
- ◆ Discriminatory comments based on race, color, religion, national origin, ancestry, handicap, age, sex, and sexual orientation are not permitted in the HMIS. Profanity and offensive language are not permitted in the HMIS.
- ◆ The HMIS is to be used for business purposes only. Transmission of material in violation of any United States federal or state of Oklahoma regulations or laws is prohibited. This includes material that is copyrighted, legally judged to be threatening or obscene, or considered protected by trade secret. The HMIS will not be used to defraud the federal, state, or local government or an individual entity or to conduct any illegal activity.
- ◆ Any unauthorized access or unauthorized modification to computer system information or interference with normal system operations will result in immediate suspension of the individual's access to the HMIS and may jeopardize the individual's employment status with _____ (agency name).

Failure to comply with the provisions of this Confidentiality Statement is grounds for immediate termination. Your signature below indicates your agreement to comply with this statement of confidentiality. There is no expiration date of this agreement.

Signature	Date	Witness Signature, Title	Date
Printed Name	Date	Witness Printed Name, Title	Date

The original Statement of Confidentiality should be kept on file at the Agency. Forms on individuals no longer employed by the Agency should be kept on file for five years.